

# Maryland Health Care Commission

## Maryland Trauma Fund Equipment Grant Application

### Request for Funding

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***Chairman***

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***Executive Director***

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# Maryland Trauma Fund Equipment Grant Application

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## Maryland Trauma Fund Equipment Grant Application

### Background on the Trauma Grant Program

A capital equipment need survey completed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) identified about \$12 million in system wide unmet trauma equipment needs for the period from 2005-2007. Recognizing that the needs of regional trauma center hospitals were especially great, legislators in 2006 allocated \$3 million dollars from the Maryland Trauma Physician Services Fund (Fund) surplus to finance the purchase of equipment used in the treatment of trauma patients.

The \$3 million dollars in total funding will be apportioned equally among the eligible trauma centers. All Level II and Level III trauma centers are eligible for up to \$425,000 in equipment funding. All equipment funded through this program must be purchased in the hospital's 2007 or 2008 fiscal years.

### Application Process

A trauma center hospital must complete this application to be eligible for a Trauma Grant. Please take special care in completing the *Unfunded Trauma Equipment Inventory* (Table 1). Complete each cell for all equipment that you wish the State to consider under the Grant. Provide an estimate of the purchase price or the capital lease expense and the percentage that the equipment is used for the trauma program. Please document how the equipment price or lease estimate was obtained and the method used to determine the amount of trauma program use.

MHCC will consider equipment leases as equivalent to the purchases if they are a direct substitute for the purchase of the asset (equipment) and it transfers all risks and benefits associated with ownership to the hospital. As a general rule for accounting purposes, a lease can be treated as a capital expenditure, (an asset) when it meets any one of the following tests:

1. Title transfers to the hospital at the end of the lease term
2. The lease has a bargain purchase element at the end of the lease term,
3. The lease term exceeds 75% of the useful economic life of the asset
4. The present value of the minimum lease payments exceeds 90% of the fair market value (FMV) of the asset at lease inception.

Trauma center hospitals may wish to refer to COMAR 30.08.05.13 to determine the equipment that hospitals are required to operate for MIEMSS designation as a Level II or Level III trauma center (see Attachment 1). Hospitals should list only equipment that has a purchase value in current (2006 dollars) of \$5,000 or more. **Please submit your Equipment Grant Application to MHCC by November 15, 2006.**

### **Review Process**

MHCC, MIEMSS, and the Health Services Cost Review Commission (HSCRC) will evaluate the Equipment Grant Applications. The reviewers will give priority to funding equipment using the following factors:

- (1) Equipment required under COMAR 30.08.05.13 for hospitals designated by MIEMSS as a Level II or Level III trauma center. (see Attachment 1)
- (2) Equipment used primarily in the trauma program (50% or more), but not specifically designated under COMAR regulations.
- (3) Other equipment not designated in COMAR, but used at least 10 percent of the time for trauma care.

Hospitals will receive grants based on the estimated use of equipment for trauma care. For example, if a CT scanner costs \$1,000,000 and used 25 percent of the time for trauma patients (based on the hospital's estimation method), then the trauma center would be eligible for a \$250,000 equipment grant. If the estimated equipment purchase price or trauma use level differ from industry standards available to the State, MHCC may ask the hospital to submit additional documentation to support this variance. The State anticipates making awards by December 15, 2006. Funds will be released to the hospitals at the time of award. The maximum total funding available to any hospital is \$425,000.

### **Documentation Requirements**

A hospital must provide documentation that the equipment was purchased in the year specified. A purchase order or contract binding the hospital will represent suitable documentation that the equipment has been purchased. Documentation must be submitted to MHCC within 60 days of the hospital's fiscal year end in which the equipment was purchased. The Commission reserves the right to audit hospitals for equipment purchased under this Program. Audits will be conducted by Clifton Gunderson, LLC, the Trauma Fund auditor or another representative designated by MHCC. The Commission may ask that the hospital document the amount of time the equipment is used for trauma care.

### **Limitations**

A hospital that has not spent funds awarded under the Trauma Equipment Grant Program by the close of its 2008 fiscal year must return these funds to the Trauma Fund. A hospital may not reprogram Grant money to other capital equipment or any other purpose without prior written permission from MHCC.

## **Maryland Trauma Fund Equipment Grant Application**

### **BEFORE YOU MAIL CHECK LIST**

- (1) Did you review this application to verify that all of the information provided is accurate?
- (2) Did you provide a response to each of the questions on every page?
- (3) Did you report all proposed trauma equipment to be purchased in FY 2008 or FY 2009 on page 7?
- (4) Did the Chief Financial Officer sign the statement of verification on page 8?

## **Application Questions**

PLEASE BEGIN REPORT

1. The information reported in this application is for expected equipment purchased in the applicant's FY 2007 and FY 2008. Please identify the time period represented in this report.

Beginning

Mo.

Day

Yr.

Ending

Mo.

Day

Yr.

2. Trauma Center Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Area Code/Telephone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

3. Please list the person to contact for information concerning this report:

Name \_\_\_\_\_

Title \_\_\_\_\_

Area Code/Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

4. What is your trauma center's designation level? (select one response)

Level II Trauma Center

Level III Trauma Center

5. Please provide responses in Table 1 for the list of equipment, area of use, anticipated year of purchase, estimated equipment cost, percentage of equipment use in the trauma program, source of equipment cost estimate, and the method used to determine the equipment use for the trauma program.

**Table 1: Unfunded Trauma Equipment Inventory**

**Part 1. Equipment Category --- Identify where Equipment is used: Emergency Dept. (ED); Resuscitation (R); Operating Room (OR); Critical Care (CC); Radiology (RAD)\***

Equipment Lit	*Indicate Area of Use (ED, R, OR, CC, RAD)	Anticipated FY Year of Purchase	Estimated Equipment Cost (Based on Current Cost Analysis)	% Equipment Used Specifically For Trauma Program	Source of Equipment Cost/Lease Estimate	Method Used to Determine Equipment Use For Trauma Program

**Maryland Trauma Fund  
Equipment Grant Application**

**VERIFICATION OF INFORMATION**

I hereby certify that the facts stated in the Maryland Trauma Fund Equipment Grant Application are correct to the best of my knowledge. I am the Chief Financial Officer of the Hospital, and can verify that all information submitted in this form is accurate and true.

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(Name of Trauma Center/Hospital - please print or type)

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(Chief Financial Officer – please print or type)

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(Chief Financial Officer - Signature)

---

(Date)



## **Glossary of Terms**

**Application** – The Maryland Trauma Fund Equipment Grant Application.

**Commission or MHCC** – Maryland Health Care Commission.

**Fraud** – The act of (1) knowingly and willfully making or causing any false statement or representation of a material fact in any application for payment and (2) knowingly and willfully making or causing any false statement or representation of a material fact for use in determining rights to payments.

**Fiscal Year** – A 12-month accounting period that may or may not end on December 31<sup>st</sup>.

**Fund** – Maryland Trauma Physician Services Fund.

**HSCRC** – Health Services Cost Review Commission.

**MIEMSS** – Maryland Institute for Emergency Medical Services Systems.

**Report** – Information required by the Maryland Health Care Commission for the purpose of distributing funds.

**Trauma Center** – A facility designated by the Maryland Institute for Emergency Medical Services Systems as:

1. The State Primary Adult Resource Center
2. A Level I Trauma Center
3. A Level II Trauma Center
4. A Level III Trauma Center
5. A Pediatric Trauma Center
6. Trauma Center includes an out-of-state Pediatric Trauma Center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems.

**.13 Facility or Unit Capabilities.**

	<i>PARC</i>	<i>I</i>	<i>II</i>	<i>III</i>	<i>ED</i>
A. Emergency Department. Emergency department requirements are as follows:					
(1) A designated physician director and nurse manager;	NA	E	E	E	E
(2) Board-certified or board-eligible attending physician with demonstrated competence in the care of critically injured patients in-house 24 hours a day;	NA	E	E	E	D
(3) Dedicated trauma resuscitation unit with dedicated staff, equipment, and supplies 24 hours a day;	E	D	NA	NA	NA
(4) Senior attending trauma surgeon available 24 hours a day through SYSCOM as a resource for trauma consultation Statewide;	E	NA	NA	NA	NA
(5) A sufficient number of registered nurses and other providers, who are competent to provide care during trauma resuscitation and present in sufficient numbers to manage projected case load, and a plan to reinforce the number of staff on immediate notice of multiple admissions;	E	E	E	E	E
(6) Equipment and supplies organized for trauma resuscitation present and immediately available 24 hours a day;	E	E	E	E	E
(7) Identified trauma cubicle or room for trauma resuscitation;	NA	E	E	E	E
(8) Direct communication link to prehospital providers and transport vehicles;	E	E	E	E	E
(9) Designated as base station by MIEMSS;	E	E	E	E	NA
(10) Sterile surgical sets located in the ED for:	E	E	E	E	E
(a) Airway control or cricothyrotomy,					
(b) Thoracotomy,					
(c) Vascular access,					
(d) Chest decompression, and					
(e) Peritoneal lavage;					
(11) Policies and protocols for trauma team response and roles in ED trauma resuscitation in accordance with Regulation .03G of this chapter;	E	E	E	E	E
(12) Drugs necessary for emergency care;	E	E	E	E	E
(13) Autotransfusion equipment and capability immediately available.	E	E	E	E	E
B. Operating Room. Operating room requirements are as follows:					
(1) Operating room or rooms adequately staffed with in-house personnel dedicated to trauma 24 hours a day;	E	D	NA	NA	NA
(2) Operating room available within 15 minutes of notification with adequate in-house staff;	NA	E	E	E	NA
(3) X-ray capability including C-arm image intensifier 24 hours a day;	E	E	E	E	NA
(4) Equipment and instrumentation appropriate for:					
(a) Neurosurgery,	E	E	E	E	NA
(b) Vascular surgery,	E	E	E	E	NA
(c) Pelvic and long-bone fracture fixation, and	E	E	E	E	NA
(d) Cardiopulmonary bypass;	E	E	D	NA	NA
(5) Blood recapturing and warming equipment;	E	E	E	E	NA
(6) Endoscopes.	E	E	E	E	NA
C. Post-Anesthesia Recovery Room. Post-anesthesia recovery room requirements are as follows:					
(1) Dedicated to trauma and staffed 24 hours a day;	E	NA	NA	NA	NA
(2) Room available to trauma patients with registered nurses and other essential staff 24 hours a day;	NA	E	E	E	NA
(3) Equipment for continuous monitoring of temperature, hemodynamics, and gas exchange.	E	E	E	E	NA
D. Intensive Care Unit. Intensive care unit requirements are as follows:					
(1) Dedicated intensive care unit for trauma with appropriately trained registered nurse staff;	E	NA	NA	NA	NA

(2) Priority bed availability for trauma patients with appropriately trained registered nurses in sufficient numbers based on patient acuity;	NA	E	E	E	NA
(3) Written plan for triaging patients from the intensive care unit to free up beds for trauma patients when necessary or provision of alternate critical care beds for trauma patients with appropriately trained registered nurse staff;	E	E	E	E	NA
(4) Equipment for monitoring and resuscitation;	E	E	E	E	D
(5) Support services with immediate access to clinical diagnostic services such as arterial blood gases, hematocrits, and chest X-rays available within 30 minutes;	E	E	E	E	NA
(6) Acute continuous hemodialysis capability.	E	E	E	E	NA
E. Acute Spinal Cord or Head Injury Management Capability. Acute spinal cord or head injury management requirements are as follows:					
(1) Dedicated neurotrauma units with dedicated, specialty trained nursing and support staff;	E	NA	NA	NA	NA
(2) Neuro-intensive care unit with intracranial pressure capabilities for trauma patients;	NA	E	NA	NA	NA
(3) Transfer agreements with designated spinal or head injury trauma centers and spinal or head injury rehabilitation centers.	NA	E	E	E	NA
F. Burn Care. Burn care requirements are as follows:					
(1) Adult or pediatric burn center:	E	E	E	E	E
(a) Designated by MIEMSS and approved by the EMS Board under this subtitle,					
(b) Staffed by nursing personnel trained in burn care, and					
(c) Properly equipped for the care of extensively burned patients; or					
(2) Transfer agreements with a designated adult or pediatric burn center.	E	E	E	E	E
G. Radiological Special Capabilities. Radiological special capabilities requirements are as follows:					
(1) In-house trauma-dedicated technicians 24 hours a day;	E	NA	NA	NA	NA
(2) In-house radiology technicians 24 hours a day;	E	E	E	E	NA
(3) Dedicated computed tomography (CT) scan and angiography facilities and staff 24 hours a day;	E	NA	NA	NA	NA
(4) Angiography;	E	E	E	E	NA
(5) Sonography;	E	E	E	E	D
(6) Nuclear scanning;	E	E	E	E	NA
(7) Magnetic resonance imaging;	E	E	E	D	D
(8) Computed tomography (CT):					
(a) Computed tomography (CT) in-house and available 24 hours a day,	E	E	E	E	NA
(b) In-house CT technician 24 hours a day,	E	E	E	NA	NA
(c) CT technician on-call and available within 30 minutes, and	NA	NA	NA	E	NA
(d) Back-up CT scan capabilities.	E	E	E	E	NA
H. Rehabilitation. Rehabilitation requirements are as follows:					
(1) Rehabilitation services staffed by personnel trained in rehabilitative care and properly equipped for acute care of the critically injured patient;	E	E	D	D	NA
(2) Full in-house service or transfer agreement to a rehabilitation service for long-term care;	NA	E	E	E	NA
(3) Ongoing continuity of care for patients with traumatic brain, musculoskeletal, and soft tissue injuries provided in an affiliated rehabilitation facility by attending trauma center specialists and subspecialists.	E	NA	NA	NA	NA
I. Clinical Laboratory Service.					
(1) A clinical laboratory service shall be available 24 hours a day capable of providing:	E	E	E	E	E
(a) Standard analysis of blood, urine, and other body fluids;					
(b) Blood-typing and cross-matching;					
(c) Comprehensive blood bank or access to a central blood bank in the community and adequate storage facilities with stock minimums set by protocol for blood products;					
(d) Blood gases and pH determinations;					

(e) Coagulation studies;					
(f) Microbiology; and					
(g) Drug and alcohol screening.					
(2) A dedicated satellite lab facility shall be available near or in the trauma resuscitation area for essential lab studies.	E	E	NA	NA	NA
J. Equipment for Resuscitation. Equipment for resuscitation of patients of all ages in the emergency department, operating room, post-anesthesia care unit, or intensive care unit shall include:					
(1) Immediately available equipment such as:	E	E	E	E	E
(a) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen,					
(b) Suction devices,					
(c) Pulse oximetry,					
(d) Electrocardiograph-oscilloscope-defibrillator, and					
(e) Standard intravenous fluids and administration devices, including large-bore intravenous catheters; and					
(2) Readily available equipment such as:					
(a) End-tidal CO <sub>2</sub> determination,	E	E	E	E	E
(b) Apparatus to establish hemodynamic monitoring,	E	E	E	E	NA
(c) Skeletal traction devices, including capability for cervical traction,	E	E	E	E	E
(d) Arterial catheters,	E	E	E	E	NA
(e) Thermal control equipment for patient and fluids, and	E	E	E	E	E
(f) Compartmental pressure measuring device.	E	E	E	E	D

**MARYLAND TRAUMA FUND  
EQUIPMENT GRANT APPLICATION**

**PLEASE REVIEW THE CHECK LIST  
AT THE BEGINNING OF THE APPLICATION.**

**PLEASE RETURN APPLICATION TO:**

**Ben Steffen, Director  
Center for Information Services & Analysis  
Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore MD 21215**

**trauma@mhcc.state.md.us  
410-764-3570  
410-358-1236 (FAX)**